

Minority, Women, Disabled,
and Veteran Broker
Database Questionnaire

Please submit responses on firm letterhead and sign the certification below.

1. Name of firm
2. Home office address, city, state, and ZIP code
3. Home office phone number
4. President/CEO of firm
5. Main contact person(s)
6. Web site address
7. E-mail address(es)
8. A complete list of clearing firms
9. All additional office locations (city, state and phone only)
10. Proof of minority ownership (*i.e.*, state, local, or municipal certification) and percentage of firm under minority ownership
11. Trading capabilities (equity, fixed income, international, futures, F/X, corporate underwriting, *et al*)
12. Your firm's latest marketing materials and financial statements
13. Any other pertinent items that would be relevant to a potential relationship

Certification: *The following certification must be attached to your response to the above questions and returned to the TRS Investment Division.*

The undersigned hereby attest that the information provided herein is true and accurate. The undersigned also acknowledges that he/she is aware that pursuant to the Illinois Pension Code, 40 ILCS 5/16-198 that "any person who knowingly makes a false statement or falsifies or permits to be falsified any record of this Retirement System in any attempt to defraud such System as a result of such act, or intentionally or knowingly defrauds this Retirement System in any manner is guilty of a Class A misdemeanor."

Authorized signature

Date

Name (printed)

Title (printed)

Firm name (printed)